

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2016
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NAME OF PROVIDER OR SUPPLIER MJ GENERAL, LLC D/B/A MEIGER HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2759 MLK JR AVENUE SE WASHINGTON, DC 20032
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H 000	<p>INITIAL COMMENTS</p> <p>An annual survey in conjunction with a complaint investigation was conducted from August 31, 2016, through September 2, 2016, to determine compliance with Title 22B DCMR, Chapter 39 (Home Care Agencies Regulations). The home care agency provides home care services to one hundred and forty five (145) patients and employs two hundred (200) staff. The findings of the survey were based on a review of administrative records, eight (8) active patient records, two (2) discharged patient records, ten (10) employee records, eighty five (85) complaints, five (5) home visits, ten (10) patient telephone interviews and interviews with patients/family and staff.</p> <p>The following are abbreviations used within the body of this report: ADL - Activities of Daily Living DHCF - Department of Health Care Finance DOH - Department of Health HCA - Home Care Agency HHA - Home Health Aide IADL - Instrumental Activities of Daily Living ICFD - Intermediate Care Facilities Division ID - Identification PCA - Personal Care Aide POC - Plan of Care PRN - As Necessary SN - Skilled Nurse</p> <p>Allegation:</p> <p>On August 18, 2016, DHCF's Medicaid Ombudsman alleged that the above mentioned agency was not providing weekend HHA services to Patient #7 as ordered in the POC.</p> <p>Finding:</p>	H 000	<p><i>Received 10/4/16 cm</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Owner

(X6) DATE
10/04/16

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H 000	<p>Continued From page 1</p> <p>Review of Patient #7's clinical record revealed that the patient did not receive HHA services. Interview with the owner and administrator of the agency revealed that Patient #7 refuses the weekend HHA services from the agency claiming that the HHAs' cannot cook his meals. Additionally, the owner stated that patient requests only female aides and exposes himself to them when they are on duty.</p> <p>Conclusion:</p> <p>The allegation was substantiated.</p>	H 000		
H 073	<p>3904.2(c) DIRECTOR</p> <p>The Director shall be a person who:</p> <p>(c) Has training and experience in health services administration, including at least one (1) year of supervisory or administrative experience in home health care or related health programs.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the HCA failed to ensure that the agency's Director had training and experience in the health services administration, including at least one (1) year of supervisory or administrative experience in home health care or related health programs before hire for one (1) of one (1) employees. (Director)</p> <p>The finding includes:</p> <p>On September 1, 2016, at 1:59 p.m., an interview with the agency's founder and executive</p>	H 073		

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H 073	<p>Continued From page 2</p> <p>chairman revealed that a new agency Director had been hired. After the introduction of the director, the HCA's director indicated that he/she had been the director since August 2015.</p> <p>On September 1, 2016, at 2:10 p.m., review of the Director's personnel file revealed an application dated March 23, 2015. Further review of the application revealed that the Director's past work experience included the following job positions: legislative analyst, committee director for the Council of the District of Columbia, and a nurse practice council.</p> <p>Continued review of the Director's personnel file failed to provide documented evidence that she/he had training and experience in health services administration. Additionally, there was no evidence of at least one (1) year of supervisory or administrative experience in home health care or related health programs.</p> <p>On September 7, 2016, (post survey) a conference call was conducted with the agency's director, the HCA's administrator, the DOH's ICFD's Supervisory Health Services Program Specialist, and the surveyor. The conference call was conducted to ascertain further information regarding the Director's past experience in health services administration, and if there were any supervisory or administrative experience in home health care or any related health programs.</p> <p>When asked if she/he supervised any employees while in the aforementioned position, the response was, "You don't supervise any employees when you are on the Board. I worked with the Executive Director regarding payments/reimbursement."</p>	H 073	<p>The agency's director has been acting in that capacity for the past twelve (12) months and has acquired sufficient experience to be hired as the Director. Additionally, the founder and executive chair will continue to act as the co-Director for the next twelve (12) months to provide additional support to the Director. This will assure that the Director is knowledgeable about local and federal regulations on the home health industry.</p> <p>The chairman shall convene a meeting of the Board of Directors by 10/15/16 to assure that Directors review all prospective applications for the position of Director of the agency. Applicants must meet at least one of the following qualifications for the position of Director:</p> <ul style="list-style-type: none"> A) Licensed physician B) Registered nurse C) Has training and experience in health services administration, including at least one (1) year supervisory or administrative experience in home health care or related health program <p>Through quarterly review of employee files, the HR manager shall assure 100% compliance with 3904.2(c) in the position for</p>	

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H 073	Continued From page 3 The director acknowledged that his/her previous positions did not include home care or health care administration, and at the time of hire she/he was not qualified for position.	H 073		
H 170	3907.11 PERSONNEL Each home care agency shall ensure that each employee or contract worker shall present a valid agency identification prior to entering the home of a patient. This Statute is not met as evidenced by: Based on observation and interview, the HCA failed to ensure its employee presented a valid agency ID badge prior to entering the home of the patient, for one (1) of five (5) HHAs observed during home visits. (HHA #3). The finding includes: On September 2, 2016, at 10:15 a.m., during a home visit with Patient #4, HHA #3 was observed not wearing an ID card on his/her person. Interview with HHA #3 on the same day at 10:18 a.m., revealed that she/he had not been issued an ID by the agency. However, review of the employee's personnel record revealed her date of hire was May 17, 2016. At the time of survey, the agency failed to ensure that each HHA was issued an agency ID badge to be presented prior to entering the home of each patient.	H 170	The HHA # 3 was issued a valid agency ID badge (ID # 483) on 10/03/16 and instructed to always wear it before entering clients' home. Additional instructions included presenting ID badge to client. The HR manger contacted all staff on 09/28/16 and requested that those without a valid agency ID badge contact the office be issued one by 09/30/16. The HR manager shall assure that all newly hired staff are issued a valid ID badge during orientation and shall be instructed to wear ID badge before entering the client's home. HR staff shall create a spreadsheet, including name of all staff, their ID badge number and date issued by 09/30/16. The staffing coordinator shall assure that all staff are in possession of agency ID badge before that are assigned to a client. The HR manager shall review the complete list of staff every month to assure 100% compliance with 3907.11	

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H 351	Continued From page 4	H 351		
H 351	3914.2 PATIENT PLAN OF CARE The plan of care shall be approved by the patient's physician. This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to ensure that one (1) of eight (8) patients plan of care was approved by the Patient's physician. (Patient #2) The finding includes: 1. On August 31, 2016, at 10:45 a.m., review of Patient #2's clinical record revealed a POC dated January 15, 2016, through January 15, 2017. The POC revealed a physician order for this HCA to provide HHA service fourteen (14) hours a day, seven (7) days a week for twelve (12) months for personal care. Continued record review revealed that the HHA visited the patient for eight (8) hours a day, seven days a week. Interview with the owner on September 1, 2016, at 2:30 p.m., revealed that the agency received a prior authorization (PA) from Delmarva (the agency responsible for authorizing care) that reduced the HHA hours from fourteen (14) hours a day, seven (7) days a week to eight (8) hours a day, seven days a week. The owner further stated that he/she failed to obtain a physician order modifying the HHA hours on the POC.	H 351	The director of nursing shall submit an amended plan of care with frequency of services of 8hrs/day x 7days/week for twelve (12) months in accord with the proper Delmarva approval for patient # 2. The new plan of care will be faxed to the physician for review and signature by 10/4/16. The DON shall provide in-service on proper interpretation of the assessment by Delmarva to assure that the frequency of services on the plan of care is in accord with Delmarva approval. The in-service will be scheduled by 10/15/16. Quarterly review of clinical charts will provide opportunities to monitor (identify and correct) compliance with these corrective actions. At least 25% of charts of 50 charts (whichever is greater) will be reviewed. The goal is 100% compliance with 3914.2	
H 430	3916.1 SKILLED SERVICES GENERALLY Each home care agency shall review and evaluate the skilled services provided to each patient at least every sixty-two (62) calendar	H 430		

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H 430	<p>Continued From page 5</p> <p>days. A summary report of the evaluation shall be sent to the patient's physician.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the HCA failed to review, evaluate and send a summary report to the physician of the skilled services provided for five (5) of eight (8) active patients in the sample at least every 62 days. (Patients #1, #2, #3, #4 and #6)</p> <p>The findings include:</p> <p>1. On August 31, 2016, at 9:45 a.m., review of Patient #1's clinical record revealed a POC with a start of care date of October 28, 2015, and a certification period of October 28, 2015, to October 27, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: arthritis, hip and knee replacement, and stroke on the left side.</p> <p>The attending physician orders included the following SN services:</p> <p>"SN monthly and PRN for six (6) months for supervisory and complete review of system, assess home safety, emotional status, pain level, report abnormal signs to physician and supervise home health aide...."</p> <p>Further record review revealed that the agency nurses visited the patient monthly from March 2016, through August 2016. Supervision of the home health aide was done but there was no documented evidence that a summary report was written and sent to the physician.</p>	H 430	<p>The director of nursing shall assure that sixty (62) days physician updates are completed for all patients, including patients 1, 2, 3, 4 and 6 and faxed to the attending physician for review and signature by 09/30/16. The updates will be included in the clinical records.</p> <p>The DON shall provide in-service training to all registered nurses on supervision of clinical services, physician orders and plan of care by 10/15/16.</p> <p>Quarterly review of clinical charts will provide opportunities to monitor (identify and correct) compliance with these corrective actions. At least 25% of charts of 50 charts (whichever is greater) will be reviewed. The goal is 100% compliance with 3916.1</p>	
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H 430	<p>Continued From page 6</p> <p>2. On August 31, 2016, at 10:45 a.m., review of Patient #2's clinical record revealed a POC with a start of care date of January 15, 2016, and a certification period of January 15, 2016, to January 15, 2017. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: depression, hypertension, and speech difficulty.</p> <p>The attending physician orders included the following SN services:</p> <p>"SN monthly and PRN for twelve (12) months for complete review of system, assess home safety, emotional status, pain level, supervise home health aide, report abnormal vital signs to physician...."</p> <p>Further record review revealed that the agency nurses visited the patient monthly from March 2016, through August 2016, but there was no documented evidence that a summary report was written and sent to the physician.</p> <p>3. On August 31, 2016, at 11:45 a.m., review of Patient #3's clinical record revealed a POC with a start of care date of February 17, 2016, and a certification period of February 17, 2016, to February 16, 2017. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: vascular dementia without behavior disturbance, hypertension, diabetes and neuropathy.</p> <p>The attending physician orders included the following SN services:</p> <p>"SN monthly and PRN for twelve (12) months for complete review of system, assess home safety, emotional status, pain level, supervise home</p>	H 430		
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H 430	<p>Continued From page 7</p> <p>health aide, report abnormal vital signs to physician...."</p> <p>Further record review revealed that the agency nurses visited the patient monthly from March 2016, through August 2016, but there was no documented evidence that a summary report was written and sent to the physician.</p> <p>4. On August 31, 2016, at 1:45 p.m., review of Patient #4's clinical record revealed a POC with a start of care date of October 15, 2015, and a certification period of October 15, 2015, to October 14, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: bladder cancer and schizophrenia.</p> <p>The attending physician orders included the following SN services:</p> <p>"SN monthly and PRN for six (6) months for complete review of system, assess home safety, emotional status, pain level, supervise home health aide, report abnormal vital signs to physician...."</p> <p>Further record review revealed that the agency nurses visited the patient monthly from March 2016, through August 2016, but there was no documented evidence that a summary report was written and sent to the physician.</p> <p>5. On September 1, 2016, at 1:45 p.m., review of Patient #6's clinical record revealed a POC with a start of care date of December 24, 2015, and a certification period of December 24, 2015, to December 23, 2016. Further review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: dementia, pedal edema, arthritis, hypertension, and deafness to left ear.</p>	H 430		
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H 430	<p>Continued From page 8</p> <p>The attending physician orders included the following SN services:</p> <p>"SN monthly and PRN for twelve (12) months for complete review of system, assess home safety, emotional status, pain level, supervise home health aide, report abnormal vital signs to physician...."</p> <p>Further record review revealed that the agency nurses visited the patient monthly from March 2016, through May 2016, but there was no documented evidence that a summary report was written and sent to the physician. Interview with the owner on September 1, 2016, at 3:00 p.m., confirmed the findings. Additionally, the owner stated that an in-service will be conducted with all nurses immediately following the survey to discuss the survey findings and re-instruct the staff on the importance of submitting the sixty-two summaries to the physicians.</p>	H 430		
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H 453	<p>3917.2(c) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(c) Ensuring that patient needs are met in accordance with the plan of care;</p> <p>This Statute is not met as evidenced by. Based on record review and interview, it was determined that the skilled nurse failed to ensure that the patient's needs were met in accordance with their POC for two (2) of eight (8) active patients in the sample.</p>	H 453		
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H 453	<p>Continued From page 9 (Patients #6 and #7)</p> <p>The findings include:</p> <p>1. On August 31, 2016, at 10:45 a.m., review of Patient #6's clinical record revealed a POC with a start of care date of December 24, 2015, and a certification period of December 24, 2015, to December 23, 2016. Review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: dementia, hypertension and arthritis.</p> <p>The attending physician orders included the following HHA/SN services:</p> <p>" [HHA] for assistance with ADL/IADL, personal hygiene, emotional support and medication reminder 8 hours/day x 7 days/week x 12 months; and [SN] to supervise the home health aide monthly."</p> <p>Review of Patient #6's clinical record and HHA timesheets failed to reveal that HHA services were rendered on the following days:</p> <ul style="list-style-type: none"> - March 5, 6, 10, 11, 12, 13, 16, 17, 18, 19, 20, 2016. - April 2, 3, 9, 10, 16, 17, 21, 23, 24, 2016. - May 7, 8, 14, 15, 21, 22, 28, 29, 2016. - June 4, 5, 11, 12, 13, 14, 18, 19, 25, 26, 2016. - July 2, 3, 4, 9, 10, 16, 17, 23, 24, 2016. - August 6, 7, 13, 14, 2016. <p>The RN failed to ensure that patient #6 was receiving HHA service as required by the physician orders.</p> <p>2. On September 1, 2016, at 1:30 p.m., review of Patient #7's clinical record revealed a POC with a</p>	H 453	<p>The director of nursing shall confirm with patients 6 & 7 whether they desire a reduction in the frequency of personal care services, as ordered by the attending physician by 09/30/16. The DON will contact the attending physician and request amended order for personal care services for patients 6 & 7, as applicable.</p> <p>The DON shall provide in-service training on physician orders, staff attendance, missed visits and plan of care to staff by 10/15/16.</p> <p>Quarterly review of clinical charts will provide opportunities to monitor (identify and correct) compliance with these corrective actions. At least 25% of charts of 50 charts (whichever is greater) will be reviewed. The goal is 100% compliance with 3917.(2)</p>

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H 453	<p>Continued From page 10</p> <p>start of care date of June 28, 2016, and a certification period of June 28, 2016, to June 27, 2017. Review of the record and the aforementioned POC revealed that the patient's pertinent diagnoses included: major depressive disorder, hypertension and diabetes mellitus.</p> <p>The attending physician orders included the following HHA/SN services:</p> <p>" [HHA] for assistance with ADL/IADL, personal hygiene, emotional support and medication reminder 8 hours/day x 7 days/week x 12 months; and [SN] to supervise the home health aide monthly."</p> <p>Further review of the clinical record failed to evidence that the SN had ensure the HHA services were provided on the following days:</p> <ul style="list-style-type: none"> - - July 2, 3, 9, 10, 23, 24, 30, 31, 2016. - August 4, 7, 13, 14, 20, 21, 2016. <p>Interview with the founder on September 1, 2016, at 3:30 p.m., the above mentioned findings. The founder further stated that he/she was aware of the patient's refusal of services on the weekends and in some instances reduction of services by DHCF. The founder also stated that he/she will contact the patient's physicians to modify the orders.</p>	H 453		
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H 456	<p>3917.2(f) SKILLED NURSING SERVICES</p> <p>Duties of the nurse shall include, at a minimum, the following:</p> <p>(f) Supervision of services delivered by home health and personal care aides and household</p>	H 456		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 456	<p>Continued From page 11 support staff, as appropriate;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the RN failed to document the supervision of services being delivered by each patient's personal care aide (PCA) or home health aide (HHA), for four (4) of the eight (8) sampled active patients. (Patients #2, #3, #4 and #6)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On August 31, 2016, at 10:45 a.m., review of Patient #2's clinical record revealed a POC with a certification period of January 15, 2016, to January 15, 2017. This POC contained a physician order for "monthly skilled nursing visits to supervise the home health aide. Home health aide services 14 hours/day x 7 days/week x 12 months for assistance with ADL/IADL, personal hygiene, emotional support and medication reminder." Further review of Patient #2's clinical record revealed the skilled nurse did not visit the patient in July 2016, and did not document supervision of care provided by the HHA. 2. On August 31, 2016, at 11:45 a.m., review of Patient #3's clinical record revealed a POC with a certification period of February 17, 2016, February 16, 2017. This POC contained a physician order for "monthly skilled nursing visits to supervise the home health aide. Home health aide services 8 hours/day x 7 days/week x 12 months for assistance with ADL/IADL, personal hygiene, emotional support and medication reminder." 	H 456		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2016
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H 456 - Continued From page 12

Further review of Patient #3's clinical record revealed the skilled nurse did not visit the patient in March 2016, and did not document supervision of care provided by the HHA.

3. On August 31, 2016, at 1:45 p.m., review of Patient #4's clinical record revealed a POC with a certification period of October 15, 2015, to October 14, 2016. This POC contained a physician order for "monthly skilled nursing visits to supervise the home health aide. Home health aide services 8 hours/day x 7 days/week x 12 months for assistance with ADL/IADL, personal hygiene, emotional support and medication reminder."

Further review of Patient #4's clinical record revealed the skilled nurse did not visit the patient in June 2016, and did not document supervision of care provided by the HHA.

4. On September 1, 2016, at 1:45 p.m., review of Patient #6's clinical record revealed a POC with a certification period of December 24, 2015, to December 23, 2016. This POC contained a physician order for "monthly skilled nursing visits to supervise the home health aide. Home health aide services 8 hours/day x 7 days/week x 12 months for assistance with ADL/IADL, personal hygiene, emotional support and medication reminder."

Further review of Patient #6's clinical record revealed the skilled nurse did not visit the patient in June 2016, and July 2016 and did not document supervision of care provided by the HHA.

Interview with the owner on September 1, 2016, at 3:30 p.m., confirmed the findings. Additionally,

H 456

The director of nursing provided in-service training on supervision of clinical services, including registered nurses on 9/16/16 with emphasis on proper documentation of HHA compliance with orders on the plan of care, progress with established goals, medication reconciliation among others

The DON shall provide monthly in-service on the plan of care and supervisory visits to registered nurses for the next three months beginning 9/16/16. Thereafter, reevaluation will be completed to verify compliance

Quarterly review of clinical charts will provide opportunities to monitor (identify and correct) compliance with these corrective actions. At least 25% of charts of 50 charts (whichever is greater) will be reviewed. The goal is 100% compliance with 3917.2(f)

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2016
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H 456	Continued From page 13 the owner stated that an in-service will be conducted with all nurses immediately following the survey to discuss the survey findings and re-instruct the staff on the importance of documentation and supervision of the HHA's.	H 456		
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